

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/517581

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2						1
3						1
4						1
5						1
6						1
7						1
8						1
9						1
10						1
11						1
12						1
13						1
14						1
15						2
16						2
17						2
18						2
19						2
20						1
21						1
22						1
23						1
24						1
25						1
26						1
27						1
28						1
29						1
30						1
31						1
32						1
33						1
34						1
35						1
36						1
37						1
38						1
39						1
40						1
41						1
42				1		1
43				2		2
44				1		1
45				2		2
46						
47						
48						
49						
50						
TOTAL IND.		↓	3	↓	3	↓
TOTAL DEP.		←	35	←	38	←
TOTAL CLAIMS			37		41	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						